

Frequently Asked Questions

1. What does MCO stand for?

Managed Care Organization

2. What is a Medicaid Managed Care Organization (MCO)?

Managed Care Organizations (MCOs) – like HMOs, these companies agree to provide most Medicaid benefits to people in exchange for a monthly payment from the state. Private insurance companies may offer health plans for Medicaid recipients and these are considered Medicaid MCOs.

3. How will I know if a patient has Medicaid or a Medicaid MCO?

The patient's insurance card will list the name of the Health Plan if the patient's healthcare is managed under a Medicaid MCO.

4. Where do we enter the patient's Medicaid number?

In the box marked Medicaid #/MCO #

5. Should we check the box marked V825 screening for contaminants as the ICD diagnostic code when submitting blood lead samples?

Yes, unless an ordering physician provides a different diagnostic code.

6. The “mail additional copy to clinic” is very important for us. How do we request that?

Enter the code number for the clinic in the appropriate boxes.

7. We have the pre-paid and pre-numbered GC-Chlamydia test forms. Should we use this new form in place of the pre-paid form?

No. The new form is for non-paid samples only.

Can Medicaid be billed without the parental policy holder finding out? *Yes. When you check the box for “Confidential Services” an Explanation of Benefits (EOB) summary is not sent to the policy holder.*